

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>10344</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Douglas M Dodd</u> P.O. Box, Bldg., Room No., if any <u>1345</u> Street <u>Northside Blvd.</u> City <u>South BEND</u> State <u>INDIANA</u> ZIP Code + 4 <u>46615</u>	4. Name, file number, and address of labor organization. Name <u>Heat & Frost Insulators & Asbestos Wkrs. Local # 75</u> Labor Organization File Number <u>040485</u> P.O. Box, Building and Room Number, if any <u>1345</u> Street <u>Northside Blvd.</u> City <u>South BEND</u> State <u>INDIANA</u> ZIP Code + 4 <u>46615</u>
5. Position in labor organization. <u>LOCAL 75 BUSINESS MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____ _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Douglas M Dodd

On

8/15/05
Date

574-282-1650
Telephone Number

Name of Person Filing

Douglas M. Dodd

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name The National Asbestos Workers Medical & Pension FundsTrade Name, if any: CARDAY Associates (Funds Admin)P.O. Box, Bldg., Room No., if any Suite 100Street 4600 Powder Mill RoadCity BeltsvilleState MARYLANDZIP Code + 4 20705-2008

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name The Nat. Asb. Wkrs. Med. & Pension FundsTrade Name, if any: (SAME AS #8)

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

BOARD of TRUSTEE MEETINGS
12/2/04 AND 12/3/04
REIMBURSEMENT for TRUSTEE
EXPENSES.

11.b. Approximate dollar value of such dealing.

\$ 212.78

12.a. Nature of interest he c. or income received.

12/2/04 PENSION TRUSTEES Mtg.
Breakfast - \$34.62
Lunch - \$47.88
Coffee Brk. - \$35.90
12/3/04 MED. TRUSTEES Mtg.
Breakfast - \$43.89
Lunch - \$50.49

12.b. Amount.

\$ 212.78 total REIMBURSEMENT

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer



or Consultant

?

14.b. Amount of payment.

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

 
Signature Date